



**Monroe County Department of Health**  
Food Protection – Room 1020  
111 Westfall Road/ P.O. Box 92832  
Rochester, New York 14692  
Phone (585) 753-5064

**DO NOT WRITE IN THIS SPACE** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rec. No. \_\_\_\_ Check No. \_\_\_\_ Amount \_\_\_\_  
New ☐ Name/Operator Change ☐  
# \_\_\_\_ Inspector \_\_\_\_  
Former Est. Name \_\_\_\_

## APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

**Please complete this form. Print or type all information.**

*Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.*

Name of Establishment _____	Number of Seats _____
Address _____	
Location _____ (city, town or village)	Zip _____ Business telephone _____

**OWNER/CORPORATON NAME** \_\_\_\_\_  
*(Partnership or Corporate Title – if applicable- copy of certificate attached)*

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home telephone** \_\_\_\_\_

**Partners' or Corporate Officers' Names & Titles**

**Home Addresses and Phone Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information** *(Proof of insurance is required prior to permit issuance)*

Name of Company \_\_\_\_\_ Workmen's Comp. No. \_\_\_\_\_ Disability Number \_\_\_\_\_

**Type of establishment** ☐ Restaurant and/or Tavern ☐ Catering ☐ School or College ☐ Retail Bakery ☐ Delicatessen  
☐ Industrial Food Service ☐ Mobile Vending ☐ Commissary

**Operating Days and Hours** \_\_\_\_\_

**Certified Food Worker** *(If you do NOT meet the training requirements at time of submission of this application you MUST list the SCHEDULED training dates & the training providers for these workers and MUST submit proof of completion of course to office)*

**Name of L1 worker** \_\_\_\_\_ **Certification #** \_\_\_\_\_

*Please attach a copy of certificate. (Serv Safe, National Registry of Food Safety Professionals, or Exporior)*

**Name of L2 worker** \_\_\_\_\_ **Certification #** \_\_\_\_\_

*Receipt of Part 14-1 of the New York Sanitary code is acknowledged. **Signature must be original, no copies or faxes accepted.***

**Signed** \_\_\_\_\_ **Date of application** \_\_\_\_\_

**Print name** \_\_\_\_\_

2006 Fees:

Bakeries, Commissary & Mobile Units, Delicatessens & Caterers \$205

Restaurant Seating 0-25 \$155/ Restaurant Seating 26-50 \$210/ Restaurant Seating 51+ \$335

(REV 12/05)